

Retirement Agency Training Program Application

(Please Print Legibly)

Name _____

SSN _____ - _____ - _____ County _____
Mail Address _____

Agency _____ Work Location _____

Phone: work _____ home _____ fax _____

★ E-mail address _____ or My name is in the Global Address List ☐
***Note:** Class confirmations are done by e-mail. If you are not reachable by e-mail, PLEASE include complete mailing address.*

Course Title Planning For Retirement

Date(s) _____ or First Available ☐

Time(s) _____

Please answer the following questions:

Approximate years of service with Fairfax County: _____

Approximate date eligible for regular service retirement: _____

Approximate desired date for retirement: _____

Please advise this office if you have arranged for special accommodations: _____

Supervisor's
Signature _____ Date _____ Phone _____

Training
Coordinator's
Signature _____ Date _____ Phone _____

_____ or My name is in the Global Address List ☐

Please print Training Coordinator's name and e-mail address above

Training Coordinator Use Only

Priority
Code: ____ Critical ____ Necessary ____ Space Avail

Retirement Agency Use Only

Confirmed _____ Class Dates _____

Return via Inter-County mail to:

Retirement Agency

Attn: Information Officer

10680 Main Street, Suite 280, Fairfax, VA 22030

(703) 279-8200 fax (703) 273-3185